

## Treatment and Recovery Communities

Millions of Americans struggle every day with drug and alcohol problems—their own or that of a loved one. The lifeline for many of these individuals in need is treatment. Run by qualified, accredited, and dedicated professionals, treatment programs and services that meet rigorous state standards are the backbone of the public health response needed to address this nationwide epidemic.

The unfortunate reality is that the range of treatment and recovery program options is not comprehensive, available, or affordable enough to ensure that everyone who needs effective treatment can get it. In fact, 76 percent of people in need of treatment for a problem with illicit drugs did not seek or receive treatment.<sup>1</sup>

To further compound the problem, about half of people with a lifetime addictive disorder also experience a lifetime history of at least one mental disorder. And, roughly 50 percent of those with a lifetime mental disorder also have a lifetime history of at least one addictive disorder.<sup>2</sup>

In an effort to address such co-occurring disorders, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) prepared a **Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders** (Co-occurring Report to Congress).<sup>3</sup> In this report SAMHSA outlines the scope of the problem, identifies current treatment approaches and best medical practice models, and seeks to highlight prevention opportunities.

Included in the **Co-occurring Report to Congress** is the recommendation that treatment services must be integrated to be effective. Integrated mental health and substance abuse treatment delivered by multi-disciplinary treatment teams can reduce symptoms and improve functioning in the community.<sup>4</sup> Moreover, successful treatment requires the creation of welcoming, empathetic, hopeful, continuous treatment relationships, in which integrated treatment and coordination of care are sustained through multiple treatment episodes.<sup>5</sup>

As a member of the recovery community, you are in a position to extend the benefits of professional treatment for those suffering from addiction and/or co-occurring disorders by implementing some of the following ideas.



*"I am a public advocate because a CEO of a very large educational organization withdrew the offer of employment after we talked about my recovery. I'll never forget the moment he said, 'How could you ever begin to think we would want someone like you to represent us?'"*

—**Susan Rook**

Director  
Communications and Outreach  
Faces and Voices of Recovery

## Making a Difference: What Can I Do?

1. **Recognize the Challenges Faced by Those with Co-occurring Disorders.** The stigma of addiction is even greater for individuals who are also suffering from a mental disorder. If you are an individual who is recovering from drug or alcohol addiction and a mental disorder, know that your success story may be the strongest weapon the recovery community has in the fight for services that work to treat the whole person.
2. **Acknowledge the Challenges Faced by Those with Co-existing Disorders.** Like those with co-occurring disorders, the stigma of addiction is even greater for individuals who also suffer from a pre-existing condition, such as mental retardation, learning disorders, HIV/AIDS, spinal or brain injuries, hypertension, heart disease, or diabetes. If you are an individual who is recovering from a substance abuse disorder and have a physical or cognitive disability, know that your success story may help the recovery community in its fight for services that work to treat the whole person.
3. **Consider Your Language.** Language and how we label things have a tremendous influence on how we think, act, and feel. For centuries, people suffering from addiction and mental illness and people recovering in this country from these disorders have been the object of language—often derogatory—created by others. As a result, individuals with substance abuse and mental disorders have inherited a language that does not accurately portray their experience to others or serve as a catalyst for change. Until a new and universally accepted vernacular is established to lessen stigma and keep the focus on the needs of the individual, each of us can make an effort to carefully monitor what we say and how we say it.
4. **Build Partnerships.** Changing public attitudes will require that all affected and interested parties present a united front to educate, inform, and persuade. As a member of the recovering community, you can play a vital role by taking part in the partnership-building effort in your community or city. Work within your local community or city to organize Forums where government agencies and private organizations can collaborate on the issues, while providing a public platform to discuss points of concern. You can work with community-based organizations, foundations, local businesses, or faith-based groups, to name just a few, to organize and contribute to this effort.

## Making a Difference: How Can I Focus My Efforts During Recovery Month?

This year marks the 14th anniversary of **Recovery Month**, which is celebrated every year in September. This year's theme is ***"Join the Voices for Recovery: Celebrating Health."*** Beginning in September, you are encouraged to use **Recovery Month** as a platform to take action to affect positive change. Here are some action steps you may want to consider to make an impact:

1. **Take Part in Local Events.** A number of communities, counties, cities, and states undertake various activities during **Recovery Month** in an effort to draw public and media attention to the issues. Volunteer to assist in organizing or running these events. Offer to be a spokesperson who can put a face on recovery and testify to its positive impact. Use your ties to the

recovery community to enlist the help of others to make the event as diverse and representative of the recovering population in your area as possible.

If you do not know of any particular activities or events taking place in your area during **Recovery Month** 2003, call your local treatment program/services provider, county or State alcohol and other drug agency, or legislator to inquire about their knowledge of **Recovery Month**. If no activities or events have been scheduled, inquire as to why not, and then offer to take part in the effort to develop some.

2. **Write an Op-ed Piece and Submit It to Your Local Newspaper.** Newspapers generally publish a page of opinion columns and letters from readers opposite the editorial page; hence the term “op-ed.” This page presents members of the general public with a forum to express their thoughts and opinions on timely issues. Because September is **Recovery Month**, the timing could not be better for you to submit your thoughts on a critical treatment and/or recovery-related topic.

You are encouraged to reference the materials provided in the Media Outreach section of this year’s **Recovery Month** kit. Use the section titled “Sample Op-Ed” as a guide in structuring your piece. Consider topics such as the problems associated with a fragmented treatment system and the need for integration as a means of effectively treating the whole person, the lack of adequate and affordable treatment programs/services to meet demand, and stigma reduction.

3. **Work through the Media.** One of the greatest forums available for influencing public opinion and decision-makers is the media. **Recovery Month** provides the perfect opportunity to cultivate a one-on-one interview with the host of your local cable access news or community issues show. Local community radio programs are a great way to share your story. Weekend public affairs programs tend to be very social issues-oriented and are usually open to talking with new guests on interesting topics.

**You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA’s Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at <http://www.recoverymonth.gov>.**

**We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.**

**For any additional *Recovery Month* materials visit our web site at <http://www.recoverymonth.gov> or call 1-800-729-6686.**



## Additional Resources

### Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN  
SERVICES (HHS)  
200 Independence Avenue, SW  
Washington, DC 20201  
877-696-6775 (Toll-Free)  
[www.hhs.gov](http://www.hhs.gov)

HHS, Substance Abuse and Mental  
Health Services Administration (SAMHSA)  
5600 Fishers Lane  
Parklawn Building, Suite 13C-05  
Rockville, MD 20857  
301-443-8956  
[www.samhsa.gov](http://www.samhsa.gov)

HHS, SAMHSA  
National Clearinghouse for Alcohol and Drug  
Information  
P.O. Box 2345  
Rockville, MD 20847-2345  
800-729-6686 (Toll-Free)  
800-487-4889 (TDD) (Toll-Free)  
877-767-8432 (Spanish) (Toll-Free)  
[www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)

SAMHSA National Helpline  
800-662-HELP (800-662-4357) (Toll-Free)  
800-487-4889 (TDD) (Toll-Free)  
877-767-8432 (Spanish) (Toll-Free)  
(for confidential information on substance  
abuse treatment and referral)  
[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

HHS, SAMHSA  
Center for Substance Abuse Treatment  
5600 Fishers Lane  
Rockwall II  
Rockville, MD 20857  
301-443-5052  
[www.samhsa.gov](http://www.samhsa.gov)

HHS, SAMHSA  
Center for Mental Health Services  
5600 Fishers Lane  
Parklawn Building, Room 17-99  
Rockville, MD 20857  
301-443-2792  
[www.samhsa.gov](http://www.samhsa.gov)

### Other Resources

African American Family Services  
2616 Nicollet Avenue South  
Minneapolis, MN 55408  
612-871-7878  
[www.aafs.net](http://www.aafs.net)

Al-Anon/Alateen  
For Families and Friends of Alcoholics  
Al-Anon Family Group Headquarters, Inc.  
1600 Corporate Landing Parkway  
Virginia Beach, VA 23454-5617  
888-4AL-ANON (888-425-2666) (Toll-Free)  
[www.al-anon.alateen.org](http://www.al-anon.alateen.org)

Alcoholics Anonymous  
475 Riverside Drive, 11th Floor  
New York, NY 10115  
212-870-3400  
[www.aa.org](http://www.aa.org)

Campaign for Tobacco-Free Kids  
1400 Eye Street, NW, Suite 1200  
Washington, DC 20005  
202-296-5469  
[www.tobaccofreekids.org](http://www.tobaccofreekids.org)

Children of Alcoholics Foundation  
164 West 74th Street  
New York, NY 10023  
212-595-5810, Ext. 7760  
[www.coaf.org](http://www.coaf.org)

Families USA  
1334 G Street, NW, 3rd Floor  
Washington, DC 20005  
202-628-3030  
[www.familiesusa.org](http://www.familiesusa.org)

Mothers Against Drunk Driving  
1025 Connecticut Avenue, NW, Suite 1200  
Washington, DC 20036  
202-974-2497  
[www.madd.org](http://www.madd.org)

National Asian Pacific American Families  
Against Substance Abuse  
340 East 2nd Street, Suite 409  
Los Angeles, CA 90012  
213-625-5795  
[www.napafasa.org](http://www.napafasa.org)

National Association for Children of Alcoholics  
11426 Rockville Pike, Suite 100  
Rockville, MD 20852  
888-55-4COAS (888-554-2627) (Toll-Free)  
[www.nacoa.org](http://www.nacoa.org)

National Families in Action  
2957 Clairmont Road, NE, Suite 150  
Atlanta, GA 30329  
404-248-9676  
[www.nationalfamilies.org](http://www.nationalfamilies.org)

National Latino Children's Institute  
1325 North Flores Street, Suite 114  
San Antonio, TX 78212  
210-228-9997  
[www.nlci.org](http://www.nlci.org)

White Bison, Inc.  
6145 Lehman Drive, Suite 200  
Colorado Springs, CO 80918  
719-548-1000  
[www.whitebison.org](http://www.whitebison.org)

Young Men's Christian Association of the USA  
1701 K Street, NW, Suite 903  
Washington, DC 20006  
202-835-9043  
[www.ymca.net](http://www.ymca.net)

Young Women's Christian Association of the  
U.S.A.  
1015 18th Street, NW, Suite 700  
Washington, DC 20036  
202-467-0801  
[www.ywca.org](http://www.ywca.org)

## Sources

- <sup>1</sup> *Summary of Findings from the 2001 National Household Survey on Drug Abuse*. DHHS Publication No. (SMA) 02-3758. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2002.
- <sup>2</sup> Kessler, R.C., Nelson, C.B., McGonagle, K.A., et al. The epidemiology of co-occurring addictive and mental disorders: Implications for prevention and service utilization. *American Journal of Orthopsychiatry* 66(1), January 1996.
- <sup>3</sup> *Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2002.
- <sup>4</sup> *Get the Facts. National Resource Center on Homelessness and Mental Illness*. Under contract to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- <sup>5</sup> Minkoff, K., M.D. *Dual Diagnosis—An Integrated Model for the Treatment of People with Co-occurring Psychiatric and Substance Disorders*, Dual Diagnosis Recovery Network, Summer 2001.